| | | For School Use Only: | | | | |
|---|--|---------------------------|--|-----|--|--|
| Plymouth PUBLIC SCHOOLS Making dreams come true | TRANSPORTATION APPLICATION 2024-2025 All students who will ride <i>A</i> bus in 2024-2025 MUST REGISTER FOR TRANSPORTATION BY COMPLETING THIS FORM | Date Received Stamp | | | | |
| FOR GUARANTEED SEATING, PLEASE SUBMIT by June 30, 2024. | | Date Processed: | | By: | | |
| | | Entered in computer: | | By: | | |

The Plymouth School Department requires payment of a bus fee for all students intending to use bus transportation for the **2024-2025** school year under the following guidelines: Massachusetts General Law CH. 71, S. 68, requires that school committees provide free transportation, once daily, to and from school for students in grades K-6 who live two (2) or more miles from their assigned schools. The statute further requires that students not be required to walk more than one (1) mile from their home to their assigned bus stop. Therefore, no bus fee will be charged for students in Grades K-6 residing two (2) or more miles from their assigned school. A BUS FEE WILL BE CHARGED for students in Grades K-6 residing less than two (2) miles from their assigned school, and all students in Grades 7-12, regardless of distance. ALL students who intend to ride the bus, must register for bus transportation by completing this form or the emailed form. If payment is due, this form must be completed.

In order to guarantee a seat on the bus for your child, payment must be made on or before June 30, 2024. Applications or payments received after the June 30th deadline will result in the student being placed on a waiting list for transportation and stops will be assigned if space is available on the bus. Stops will be designed as common bus stops and posted one to two weeks before the school year begins. Students must pick up their bus pass during the summer before the first day of school. Dates and times will be posted for pass pick up.

Please read the updated 'TRANSPORTATION FEE INFORMATION' regardless of whether you must pay for the bus or qualify for the reduced fee.

| | REGULAR FEE STRUCTURE | REDUCED FEE FREE ELIGIBLE RATE | *Families that are on TANF, eligible for SNAP, or meet Federal Income Eligibility Guidelines may apply for a waiver of fees. | | |
|--------------------|-----------------------|-----------------------------------|--|--|--|
| EACH STUDENT | \$150 | \$0 | Bus applications should still be submitted. | | |
| MAXIMUM PER FAMILY | \$450 | \$0 | PLEASE NOTE – A Massachusetts Free and Reduced Price School Meals Application MUST be filled out annually at the start of the year. | | |

Transportation applications are available on the district's website and are available thereafter at your child's school. Bus fees are due in full with this application. **PAYMENTS ARE NON-REFUNDABLE.** Payments may be made by bank check, money order or personal check only. Personal checks returned for insufficient funds will be charged a \$25 processing fee in addition to the bus fee.

ONLINE PAYMENTS WILL BE AVAILABLE SOON.

NO CASH WILL BE ACCEPTED. Please make checks payable to: "TOWN OF PLYMOUTH - BUS FEE."

APPLICATIONS and FULL PAYMENT SHOULD BE RETURNED TO ONE OF THE SCHOOLS WHERE YOU WILL HAVE A CHILD ATTENDING DURING THE 2024-2025 SCHOOL YEAR, making sure to include the school names where all other children are enrolled. A copy will be scanned to each school. During the summer, applications should be processed online on Invoice Cloud (not yet available) or sent to Plymouth Public Schools, School Business Office, 11 Lincoln Street, Plymouth, MA 02360. Please visit <u>http://www.plymouth.k12.ma.us</u> for individual school addresses.

| Please complete one (1) application <i>per j</i> payment is due and/or student is not usi | | | <mark>hat will at</mark> | tend Plym | outh Public or Cha | rter Schoo | <mark>ls, even if n</mark> | 0 |
|--|--------------------------|---------------------|--------------------------|---|---|-------------|----------------------------|--------------------------------|
| Parent/Guardian Name(s): | | | | Number of children in family attending Plymouth Schools: | | | | |
| Street Address: | | | | Home Phone: | | | | |
| Complete Mailing Address, if different: | | | | Cell/work Phone: | | | | |
| Please list names of all students in family, even if no payment is due. Please check one: | | | | | F | or School U | se Only | |
| Student(s) Name(s) | **School in 2024-25** | Grade in 2024-25 | Will use bus | Will NOT use bus | ALTERNATE transportation if not using bus | Elig. | Amount Paid | Scanned to other schools |
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**Please provide school name where each student attends. This application will be scanned to all schools listed. **